



[Date of Notice]

Dear Provider,

This letter serves as official notice that your organization is scheduled for a Contract Compliance/ Quality Assurance Review under the guidelines established by Alliant ASO and the South Carolina Department of Disabilities and Special Needs. The review for your agency is scheduled to begin:

[First Date of Review] with Opening Conference beginning @ 9:00 A.M.

Your Lead Reviewer will be: xxxx

The Period in Review is: xxxxx

You will be notified immediately, but no less than 24 hours, of any change with scheduling.

The Alliant ASO review team will conduct an Entrance Conference upon arrival. During this conference, the review staff will be introduced and the procedures and process will be reviewed. We ask that you identify key agency staff to attend this conference. The number of attendees are determined by the provider agency, but it is important to have key players involved to facilitate communication and the process of delivering needed information in a timely manner. You will also need to identify a person as a primary point of contact to coordinate review activities and any other necessary communication during the review.

Enclosed is a list of requested documents. Upon arrival, we will provide the first list of individuals that have been selected for the review sample. Please provide the requested Administrative information and files* immediately following the Entrance Conference so that we may initiate (and conclude) review activities in a timely manner. Unless there are unusual circumstances to be discussed at the entrance conference, Administrative Records should be available to the review team within one hour of the entrance conference.

***These measures are necessary to ensure a fair and expeditious review. While certain documents may be brought in and accepted during the reconciliation process; according to SCDDSN Standards and/or Medicaid Policy, the following must be in the file presented for review: Freedom of Choice, Service Agreement, Level of Care and Annual Plan.**

The duration of the review is contingent upon the number of individuals selected by SCDDSN as part of the sample and also the number of Day and Residential Site Observations included in your review sample. However, observations may be conducted at various times before, during, and after your scheduled review period.

We will conduct Reconciliation Conferences to ensure your designated liaison has the opportunity to look for verifying documentation the reviewer may not have located. We will conclude the review with an Exit Conference. I may be reached by telephone should you have questions regarding the contents of this letter. Thank you in advance for your anticipated cooperation.

Respectfully,

Monica Owens, MSW, LMSW
Program Manager



Quality Assurance Review Preparation List

Period in Review:

Please email a complete list of personnel along with their hire dates grouped by the following categories within 48 hours of your receipt of this notification:

- ☐ Case Managers hired within period in review
- ☐ Case Managers hired prior to period in review
- ☐ Case Management Supervisors
- ☐ Case Management Assistants

- ☐ Waiver Case Management Staff

- ☐ Case Managers serving children in the PDD Program

- ☐ Early Interventionists hired within period in review
- ☐ Early Interventionists hired prior to period in review
- ☐ Early Intervention Supervisors

- ☐ All Residential Supervisors/ Directors
- ☐ Residential staff hired at least one year prior to review period

- ☐ All Day Directors/Supervisors
- ☐ Day Services staff hired at least one year prior to review period

- ☐ Respite/Home Support Staff hired/contracted during review period
- ☐ Respite/Home Support Staff hired/contract prior to review period

Administrative Review

The following items are needed to conduct the Administrative Review which will begin immediately following the Entrance Conference (provided within one hour of entrance conference, unless otherwise approved by Alliant ASO):

Personnel Records:

The Review Team will need documentation verifying compliance with standards, manuals, and policies, as specified in A1-05 through A1-16 & A1-25, A2-01 – A2-03 as well as G10-15, G10-16, and G10-27 for PDD Case Managers. Personnel Records will also be needed for EIBI providers, as referenced in section G12. Upon your receipt of the personnel list, the Lead Reviewer will select files to be reviewed for compliance using Administrative Indicators.

Providers may wish to designate a liaison from the Human Resources Department to assist reviewers in locating information in the personnel records.

Additional information needed to verify adherence with the Administrative Indicators*:

- ___ Identification of Human Rights Committee members with their start dates, as well as identification of member composition
- ___ Verification of HRC initial training (for new members during review period) and tabbed ongoing training for all
- ___ HRC Minutes
- ___ Risk Management / Safety Committee Meeting Minutes, to include information on medication errors and remediation, documentation of any restraints (manual or mechanical), and review of any GERD/ Dysphagia Consultation reports.
- ___ Verification of analysis of A/N/E, CI, & Death/Impending Death data and actions taken to prevent future A/N/E & CI and Death as applicable
- ___ Database of recorded/tracked, analyzed, trended medication errors including corrective actions and medication error rates
- ___ A list of homes with names of their designated coordinators
- ___ Outlier contracts including approved staffing grids, master schedule, and corresponding verification/confirmation of staff coverage (Logs, etc.)
- ___ Verification of quarterly visits to all homes by upper-level management (tabbed by home)
- ___ Monthly Administrative Review (Rehabilitation Supports) documentation
- ___ Community Residential Admissions/Discharge/Transfer Reports with current STS/CDSS, a copy of the license for each applicable home, and the monthly census reports for the months of the admissions & transfers
- ___ Statements of Financial Rights for all residential admissions during the period in review
- ___ Verification that employees are made aware of False Claims Recovery Act & Whistleblowers' laws annually (verification will be reviewed for the personnel files selected for review)
- ___ System for 24/7 access to assistance (Service Coordination providers only)

*subject to request for additional information

General Agency and Early Intervention File Review

Please provide a current **file index** for each service.

The Review Team will provide a list of names/files to be reviewed each day. For each person, please provide (as applicable):

- File(s) with all required documentation* **including the current and previous year's Plans (Residential Plans, Day Plans, etc.) as well as current and previous year's assessments and data.**
- Tab the requested files distinguishing which file is for which service; Service Coordination, Residential, Behavioral Support, Medical, Day, Supported Employment, Individual Rehabilitation Supports, etc.
- EI: File(s) with all required documentation* for the period in review **including previous IFSP/FSP**
- EI: Flag each requested EI file designating whether BabyNet only or DDSN within the period in review

*According to SCDDSN directives, the following documents, as applicable, must be in the file when presented for review:

- **Freedom of Choice**
- **Service Agreement**
- **Level of Care**

Additional information may be requested as applicable.